BIND

MARGIN RESERVED

V. S. No. 1

should be stated EXACT RECORD PERM CE K WITH UNFADING INK--THIS supplied terms Every item o statement of

0	
×	1
Exa	1
-	- 3
	- 1
•	- 1
O	- 1
0	
-	1
-	,
7	
60	
80	*
63	9
-	+-
O	4
_	0
>	-
$\overline{}$	=
-	-
e e	-
9	0
0	0
-	_
0	No.
***	0
e properly classified.	
-	×
24	0
-	×
	10
a	Ω
2	_
5	2
	0
=	•
	an
that it may be	-
40	-
2	0
+	=
	6
80	uctions
an	2

	() () (a) 1)
PLACE OF DEATH	STATE OF MARYLAND
County Caroline	CERTIFICATE OF DEATH
	Registration Dist. No. 4
Village or City Theereshoro (No	St.; Ward) (If death occurred in
	tion, give its NAME in-
2FULL NAME Storge W.C.	Stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. MARRIED.	16 DATE OF DEATH
male white OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Oct 15 . 1860	February 1932 10 april 4 , 1997
(Month) (Day) (Year)	that I last saw h mailive on March 10, 1902,
7 AGE If LESS than	
7 2 yrs. 5 mos. // ds. or min.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	Metastatie Carcinoma
(a) Trade, profession or particular kind of work	of the next
(b) General nature of industry business, or establishment in	Originated On ear, Ceveron
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory
1 10 NAME OF	(Durstion) June 100 mos
FATHER (1) ma anderson	(Signey) Milles H La Dullyer M. D.
0 11 BIRTHPLACE	Cefret 4 1932 (Address) Gelliofors Mg
OF FATHER (State or country) Maryland	*State the Diseese Causing Death, or, in deeths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidel or Homicidal.
of Mother Nancy Mange	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country) Don't know	of death yrs mos ds. State yrs mos ds. State State state State State State wrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs Ses anderson	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Treensbors, Ma	Greensboro april 6, 1932
15 Filedlar 4 1923 7 & Martinger	20 UNDERTAKER ADDRESS ADDRESS
Registrar	11001(alga 1) Unichet Droenstoro

If more bianks are needed, address State Rogistrar, 16 W. Sarafoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a laborer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery;eman, (b) Automobile factory. The material For persons who have no occupation Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> or as probably such, if impossible to determine definitely. carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, as fracture of skull, and consequences (e. g., sepsis accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

nd year) The	les 9:	12	Wast saw har alive on Cept 47/5,19.32	L; death is said
Months	Days	If LESS than	to have occurred on the date stated above, at	4
2	6	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca wera as follows:	Date ot onset
cular SPINNER, R, etc.	hool		9 6	2
hich K MILL,			Jukerculos Menugeles	
d at and	11. Totel tim	in this		~ =
Zuar.	Den	low	Dther Contributory Causes of Importance:	
hur !	3 uti	lond fers	Acefleren -	
i)	earst	and.	Name of operation Date of What test confirmed diagnosis? Was there an	autonsy?
ella	13 m	ther	23. If death was due to external causes (VIOLENCE) fill in also the following	
) 00	uco	a ded	Accident, suicide, or homicide? Data of injury Where did injury occur?	, 19
Chur	Bur	tler	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC P	ate) LACE,
DIN	Dete Of	1.18,193	Manner of injury	
1/2/	colo	72	24. Wes diseasa or injury in any way related to occupetion of decaased?	
32 m	O Zun	9 (Registrar.	(Signed VULLO) (Signed VULLO) (Signed VULLO)	<u>е</u> м. р.
If mare blo	anks are needed, ad	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

CAUSE OF DEATH in plain terms, should be carefully mation

19. UNDERTAKER (Address) 20. FILED 4/8-, 19

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	- 4
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Gaylaos	231
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARY	AND-CERT	IFICATE	OF	DEATH
SIAIL		WIND CTIVE	II IO/II L		

03897

1. PLACE OF DEATH	
(or of me)	Registration Dist. No. 43
Village or City Preston	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
1 1	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME No Name Danis	or
(a) Residence: No. (Usuał place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5s. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Opril 8 - 1932	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at OFFICE m.
0 0 orQ_min.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Still Born 9932
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month and	
11. Total time (years) this occupation (month and work year)	
12. BIRTHPLACE (city or town) Ne an Practor (State or country)	Other Contributory Canses of Importance:
I 13. NAME St. FS Carries or	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of What test confirmed diagnosis? Nord Was there an autopsy? he
	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place No Farm Poloto Mana Opril 9, 1932	Manner of injury
19. UNDERTAKER & Fo Hausen (Addiess)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Life 9 1932, Bless B. Williams	(Signed) ambols / New 3 M. D. (Agdress) Fostor and
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BII Contact W. S.	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3)
County Carpture	Registration Dist. No. 62
Village or City Alexalor	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME and sul Tole	short.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male Whate OR DIVORGED (write the word)	(Monta) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(100.7)
(or) WIFE of Scale	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw hall dive on 3 1 19.2 2 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
1 day,brs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Date of office
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time-(years)	Aldlown
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month end year) spant in this occupation	
12. BIRTHPLACE (city or town) Peules, md (State or county)	Other Contributory Causes of Importance:
I 13. NAME RIESTE & Rues losch	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME Margarele Cooper	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
ALLE OVICE	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR SEMPOPAL	Manner of injury
Place Full Date 1,190	Nature of injury
19. UNDERTAKER J. Visael Moore	24. Was disease or Injury In any way related to occupation of deceased?
(Address) James Ja	If so, specify
20. FILED. 4 - 11 , 1932 My All Junge	(Signed) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NUL WITE VIOLEN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city _yrs._____ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds. or town whele death occulred (a) Residence: No If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH DIVORCED (write the word) (Month) 5a, If married, widowed, or divorced HUSBAND of certificate. 6. DATE OF BIRTH (month, day, and year) NOUT properl 7. AGE Months Davs If LESS than FOR I day ... hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance or min. 8. Trade, profession, or particular MARGIN RESERVED THIS OCCUPATION kind of work done, as SPINNER, JO SAWYER, BOOKKEEPER, etc._ back may 9. Industry or business in which plnoys work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Data decaased last worked et uo II. Total tima (yaars) this occupation (month and spent in this that vear) ----instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) carefully MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: E Accident, suicide, or homicide?_____ Dato ef injury___ 16. BIRTHPLACE (city or town) (Stata or country) Where did Injury occur?. should be (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE very (Addrass) OF 18. BURIAL, CREMATION, OR Manner of injury AUSE mation TION Natura of injury 24. Was disease or injury in any 19. UNDERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	128
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1		MARGIN RESERVED FOR BIN	RES	ERVE	Q	FOR	BIN
N. BWRITE PLAINLY,	WITH	UNFADI	NG IN	TK-TI	IIS	IS A I	PERM
mation should be carefully supplied. AGE should be stated EX	efully	supplied.	AGE	plnous	pe	stated	EX
CAUSE OF DEATH in plain terms, so that it may be properly cla	in plain	n terms, so	that	t may	he	proper	ly cla
TION is very important. See instructions on back of certificate.	int. S	ee instruct	io suoi	n back	of c	ertifica	ite.

	STATE C	OF MAR	YLAND—	CERTIFICATE	OF DE	ATH	, Jay 6
1. PLACE OF	F DEATH			(30)			
County	prolue				Registration	Dist. No.	2
Village or Ci	ity Decela	wy	col	No.		St.,	Ward
Length of resid	dence in city or town where	deeth occurred	VIS TROS	death occurred in a hospital or insti		AE instead of street as	
2 FILL NA	ME (Eng.	Klini	Too de		SAMIS		
(a) Resident	ca: No	- june	we the	St., Ward.			
(a) Nesidelli	CG. 110.	(Usual plac	e of abode)	St., Walu.	If nonreside	nt give city or town	and State
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL (CERTIFICAT	E OF DEATH	
3. SEX recale	4. COLOR OR RACE	OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	il	30	, 193
5a. If married, widow	ed, or divorced	SARAH WO	RTS		(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of	Christin	month	mis	1 HEREB	23/	Went 36	
E DATE OF DIRTH	month, day, end yeer)	1001/	C 1890	I lest saw h saw elive on	aline	50 103	deeth is said
7. AGE Year		Deys	If LESS than	to heve occurred on the dete ste	ted above, at . 1.2	. p. m	, deeth is said
4	2	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEA		/	
2 8. Trede, profes	ssion, or particular york done, as SPINNER		0	were es follows:			Date of onset
SAWYER,	BOOKKEEPER, etc.	wal	Carvier	Tobar h	nemoni	e .	qui29-193
9. Industry or b	business in which done, as SILK MILL,			/			
O 20. Deto decease	L, BANK, etced last worked et	11. Totel	time (yeers) ent in this				
this occup	petion (month end	Sp	ent in this cupetion				
12. BIRTHPLACE (city	y or town)	ova		Other Contributory Causes of im	portence:		
(State or coun	itry)	1	red.				
13. NAME 14. BIRTHPLACE (State or	trucy	Was	ins				***
14. BIRTHPLACE				Neme of operation		Dete of	
(Stete or	country)	Zues	w	What test confirmed diegnosis?		Was there e	n autopsy?
15. MAIDEN NAM	ME Celara	Juli	leps	23. If deeth wes due to external co	Buses (VIOL ENCE)	fill in also the follow	ring:
16. BIRTHPLACE			8	Accident, suicide, or homicide?		Dete of injury	, 19
≥ (Stete or	country)	mul	ne	Where did injury occur?	(Specify city	or town, county and	State)
17. INFORMANT	urson	a day	us w	whether injury occurred	in INDUSTRY, in H	OME, or in PUBLIC	PLACE.
18. BURIAL, CREMATI	ION, OR REMOVAL	venn	and.	Menner of injury			
Place	illsbort	? Date LUL	my 3,1632	Nature of injury			
19. UNDERTAKER (Address)	J. ding	if me	son.	24. Was diseese or injury in any If so, specify	way related to occu	petion of deceesed?	
	31 32 3	MO HIO	The same	(Signed)	Jaux /	wolls	M. D.
20. FILED 4-		yrau j	Registrar.	(Address)	Deni	ton, Many	land .
	If more	blanks are needed	address State Registrar	2422 N. Charles Street Relaimone 1	Paguartus 71 C M		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ogo Cerebrol hemorrhage July 5, 1927 Peritonitis 3 days ogo Other contributory causes of importance: Other contributory causes of importance: Gollstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN LETTER FILED IN Bureau VS July 7, 1932 under Dr. KNOTTS authorizing change of	
wife's name. LFL	

MARGIN RESERVED FOR BINDING

V. S. No. 1

1	. PLACE OF DEATH	3.	920		13901
	County Cearoling			Registration Dist. No.	P
	Village or City Lease 1	enlaw (ND. If death occurred in a hospital or institut	st.,St.,stion, give its NAME instead of street an	d number)
	Length of rasidance in city or town where death	occurredmo	s ds. How long in U.S. If of	f foraign birth?yrs:	mos
2	FULL NAME Ste	u (Alga			
	(a) Residence: No.		St., Ward.	16	10
Sales in publication of the last of the la	PERSONAL AND STATISTICA	(Usual place of abode)	MEDICAL CI	If nonresident give city or town a ERTIFICATE OF DEATH	
		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Bil 141	8,193.2
5a.	If marriad, widowed, or divorced HUSBAND of (or) WIFE of	Pa	22. I HEREBY	(Month) (Day) CERTIEY That 1 attande	(Yaar) ed deceasad 1
6 1	DATE OF BIRTH (month, day, end yaar)	segar 1 late 185	Alassawh Lin aliva on	1932 depoit 18	2: daath is
7. /		Days / If LESS than	to have occurred on the data state	dabove, atm.	and destine
	77 6	1 dey,hrs ormin.	The PRINCIPAL CAUSE OF DEAT wera as follows:	H and related ceusas of Importanca	Date of or
NO.	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	La 1	20		
PATI	P. Industry or business in which		100	Endorallit	1 7
5	work was dona, as SILK MILL, SAW MILL, BANK, etc		Caronic .	unocomu	71
OCCO	Date decaasad last worked at this occupation (month and year)	I1. Total time (yaars) spent in this occupation			
	n o	Occupation	Other Coatributery Causes of impo	rtance:	
12.	(State or country)	warrland.	-40		
2	13. NAME wat pu	out.			
FATHER	14. BIRTHPLACE (city or town)	Λ	Neme of operation	Date of	
	(Stata or country)	tuoiba	What tast confirmed diagnosis?	Was there a	n autopsy?
HER	15. MAIDEN NAME	- 1	23. If deeth wes due to external cou	ses (VIOLENCE) fill in also the follow	Ing:
MOM	16. BIRTHPLACE (city or town)	······································	Accident, suicide, or homicide?	Date of injury	, 19
_	(State or country)		Where did injury occur?	(Specify city or town, county and S	tate)
17.	INFORMANT Alex Ole	Deutan ?	Specify whether injury occurred in	I INDÚSTRY, In HOME, or in PÚBLIC I	PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	1 - 600 7 M	Menner of injury		
	Placa Memore Celu	Valle 09 20, 19 3	- Natura of Injury		
19.	UNDERTAKER (Addrass)	2002	24. Was disease or injury in any wa	ay ralated to occupation of daceased?	
	FILED 4-18, 1932/m	106 Gruss	(Signad) //	enll years	= 5

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ļi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (3902
1. PLACE OF DEATH	(23)
County Carelul	Registration Dist. No. 66
Village or City of Linguister	No. St., Ward
Length of residence in city or town where death occurredyrs,pos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Will. Bertha ble	with
(a) Residence: No. Turar Bilacles	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
A DATE OF SURVEY	l last saw h C Y elive on Of 2 2 1 1930; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS then	to have occurred on the dete steted above, at £ 30 Pm.
8 9 /8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Pulmoneral Interculoria B-chair
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased lest worked at this occupation (month end	1-1-32
SAW MILL, BANK, etc	Liberaulasia of Gantra interligat
O 10. Oate deceased lest worked at this occupation (month end year) year)	Trust - 1-32
12. BIRTHPLACE (city or town). Reidgeley (State or country)	Other Contributory Causes of importance:
13. NAME Clas suitt	
14. BIRTHPLACE (city or town) 6 as town	Neme of operation Date of Date of
(State of country)	What test confirmed diegnosis? Classical Was there en eutopsy? 24
15. MAIDEN NAME MARGIEL Decelle	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16, BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?0ate of injury1919
17. INFORMANT Clas Sewith	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece sew Cleaper, Date Zelay 2 79 3	Nature of Injury
19. UNDERTAKER I Vingif Manny (Address)	24. Was disease or injury in any way related to occupation of deceased? 24.0
20. FILE May 2, 1932 Mavis-Registrar.	(Signed) Lesse 3 I fer M. D. (Address) Redgels and
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement.—Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were as	f death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	7681 S MAT	I week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	GEVIED	3 days ago
Other contributory causes of importance:		Other contributory can	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

V. S. No. 1 m should state

of OCCUPA-

ST	ATE OF	MARY	YLAND-	CERTIFICATE	OF DEA	TH 6:	(903
1. PLACE OF DEATH				9-a	1		1000
County Caro	line,				Registration	Dist. No. 64	
Village or City Fe	ederalsb	urg,		No.		St.,	Ward
				death occurred the a norphat or institu		L instead of sireet and	number)
				ds. How long in U.S. if o	of foreign birth?	yrsn	losds.
	Edward S						
	Federals	(Usual place of	of abode)	St.,Ward.		give city or town and	I State
PERSONAL AND					ERTIFICATE	OF DEATH	
Male Wh			RIED, WIDOWED, (write the word)	21. DATE OF DEATH	April,	5th.	, 1952 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	ie F. St	evens	,	22. I HEREBY	CERTIF	Y That I attanded	
6. DATE OF BIRTH (month, day, ar	nd year) Mar	ch. 4	th. 1962	I last saw hKve on	01-5	1932	; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date state	above, at 11-X	15-R-	
70	I	I	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related cause	es of importanca	Date of onset
8. Trade, profession, or partic kind of work dona, as SAWYER, BOOKKEEPER	SPINNER, Ret	red R	ural	antic	Flen	reis	5/1/51
9. Industry or business in who work was done, as SILM work was done, as SILM SAW MILL, BANK, etc	hich K MILL, Mai	Carr	ier.				
10. Date deceased last worked this occupation (month year)			ma (years) tin this pation				-
12. BIRTHPLACE (city or town) (State or country)	Maryla	and		Other Contributory Causes of imp	ortance:		
	lian H.		n e	al In	fafel		
E	Donche	ster					
[4. BIRTHPLACE (city or town) (Stala or country)	1	yland		Name of operation			
15. MAIDEN NAME E.].	izabeth			What test confirmed diagnosis?		Was thera an	
16. BIRTHPLACE (city or town) (Stata or country)		yland		23. If death was due to external can Accident, suicide, or homicide? Where did injury occur?			o .
	Edward S deralsbu			Specify whether injury occurred i	(Specify city or n INDUSTRY, in HO	town, county and Sta ME, or in PUBLIC PL	ie) ACE.
18. BURIAL, CREMATION, OR REM Place Federals	OVAL			Manner of injury			
19. UNDERTAKER J. T. F. (Addiess) Fed	ramptom eralsbur			24. Was disease or injury in any w	vay related to occup	ation of deceased?	20
20. FILED Quil. 8 , 193	a	Hisa	Registrar.	(Signed)	Mes	low	9 m. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V.S	1		
Other contributory causes of importance:		Other contributory causes of importance:	TIEL I
Gallstones	May 1,1923	Gastroenteritis	1 year
		• 22.41.5 (2.11.11.11.11.11.11.11.11.11.11.11.11.11	

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03904
1. PLACE OF DEATH	43-6
County Carateul	Registration Dist, No.
	NO. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) as. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
700.1014	ion long in o. o. n of foliagh bitting.
2. FULL NAME Collection Start	esel
(a) Residence: No. (Vsual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Emily Hampman	22. HEREBY CERTIFY, That Lattended deceased from
1 1 2 2 2 1 660	I last saw h M alive on About 8 193 2: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than	to have occurred on the date stated above, at 1. 1. 192 4; death is said
5-2 7 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	2-1
and dustry or business in which	Mylocordatia wait & min
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and pear) this occupation occupation occupation	
1.1.6	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	2 sup
13, NAME Joly (Stores are	Transles fremmonia 16.4
E	Name of a south
14. BIRTHPLACE (64ty or town) (State or country)	Name of operation Date of What test confirmed diagnosis Classes of fundamental Whithere an autopsy? He
15. MAIDEN NAME / Starrenge Million den	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Zure Ttake Tibrone (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Fillsbord Date Pres 1, 19.3	Nature of injury
19. UNDERTAKER Jackiel Burons	24. Was disease or injury in any way related to occupation of deceased? Heg.
20. FILED left 11, 19 \$ 1. J Davis Registrar.	(Signed) Jesse S. F. fler M. D. (Address) Ridarly med.
If more blanks are needed, address State Registra	, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 2 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. 1	3. July 5, 1927	Peritonitis	3 days ago
*			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

03905

What test confirmed diagnosis? Was there en au opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there en au opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury, 19. Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.		1. PLACE OF DEATH		
Village or City. M. S. A. County of the whole death occurred with a hospital or institution, ever in NAME instead of attord and numbers) 2. FULL NAME 2. FULL NAME (a) Residence: No. 1. S. L. Ward. PERSONAL AND STATISTICAL PARTICULARS (b) R. B. S. S. L. C. L.	1	county Caroline	Registration Dist. No. 6	
2. FULL NAME 2. FULL NAME (a) Residence: No. 1.9. Level 2. Long or RACE (b) Residence: No. 1.9. Level 2. Long or RACE (b) Residence: No. 1.9. Level 2. Long or RACE (c) Residence: No. 1.9. Level 2. Long or RACE (d) Residence: No. 1.9. Level 2. Long or Race (d) Residence: No. 1.9. Level 2. Long or Race (d) Residence: No. 1.9. Level 2. Long or Race (d) Residence: No. 1.9. Level 2. Long or Race (d) Residence: No. 1.9. Level 2. Long or Race (d) Residence: No. 1.9. Level 2. Long or Race (d) Residence: No. 1.9. Level 2. Long or Race (d) Residence: No. 1.9. Level 2. Long or Race (d) Residence: No. 1.9. Level 2. Long or Race (d) Residence: No. 1.9. Level 2. Long or Race (d) Residence: No. 1.9. Level 2. Long or Race (d) Residence: No. 1.9. Level 2. Long or Race (d) Residence: No. 1.9. Level 2. Leve	important. See instructions on back of	Village or City Mean annurican Corner	No. St. Ward	
(a) Residence: No. 3.2 Accolor of Months Owner and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR NIVER CONTROL OF				
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEATH 21. DATE OF DEATH 3. O. 1992 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months 1 Iday, hrs. or min. 8. Trade, protession, or particular SAW MILL, BANK, etc. 10 10 Date of Death and related causes of importance were estillows: SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. MAIDEN NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. MAIDEN NAME 18. BIRTHPLACE (city or town) (State or country) 18. BIRTHPLACE (city or town) (State or country) 19. Maine of particular 19. Maine of injury Name of operation. 19. Maine of injury Name of injury in any way related to occupation of deceased? Name of injury Na		2. FULL NAME Silas Undrew Orice.		
DETERMINAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wint the worl) 5a. II married, widowed, or givorced Unit of the color of the col		(a) Residence: No. Tederals burg Lud, R. J. T		
3. SEX 4. COLOR OR RACE 9. RINGLE MARRIED, WIDOWED OR DIVORCED (which the word) 5a. II married, wicknewd, or divorced HUSBAND of (Or) WIFE of 5a. II married, wicknewd, or divorced HUSBAND (Or) WIFE of 5a. II married, wicknewd, or divorced HUSBAND (Or) WIFE of 6. DATE OF BRITH (month, dey, and year) 7. AGE Years Months Days If LESS than I day,				
58. If married, widowed, or divorced HUSBAND of HUSBAND		3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, QR DIVORCED (write the word)	21. DATE OF DEATH	
6. DATE OF BIRTH (month, dey, end year) 7. AGE 8. Trace, profession, or particular in the principle of the date stated above, et. 9 Months 8. Trace, profession, or particular in the principle of the date stated above, et. 9 Months 8. Trace, profession, or particular in the principle of the date stated above, et. 9 Months 8. Trace, profession, or particular in the principle of the date stated above, et. 9 Months 8. Trace, profession, or particular in the principle of the date stated above, et. 9 Months 8. Trace, profession, or particular in the principle of the date stated above, et. 9 Months 8. Trace, profession, or particular in the principle of the date stated above, et. 9 Months 10 In the principle of the date stated above, et. 9 Months 11 In the principle of the date stated above, et. 9 Months 12 In the principle of the date stated above, et. 9 Months 13 In the principle of the date stated above, et. 9 Months 14 In the principle of the date stated above, et. 9 Months 15 In the principle of the date stated above, et. 9 Months 16 In the principle of the date stated above, et. 9 Months 18 In the principle of the date stated above, et. 9 Months 19 In the principle of the date stated above, et. 9 Months 19 In the principle of the date stated above, et. 9 Months 10 In the principle of the date stated above, et. 9 Months 10 In the principle of the date stated above, et. 9 Months 10 In the principle of the date stated above, et. 9 Months 10 In the principle of the date stated above, et. 9 Months 10 In the principle of the date stated above, et. 9 Months 11 In the principle of the date stated above, et. 9 Months 12 In the principle of the date stated above, et. 9 Months 13 In the principle of the date stated above, et. 9 Months 14 In the principle of the date stated above, et. 9 Months 15 In the principle of the date stated above, et. 9 Months 16 In the principle of the date stated above, et. 9 Months 17 In the principle of the date stated above, et. 9 Months 18 In the principle of the		5a. If married, widowed, or divorced		
E. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days If LESS than to have occurred on the date stated/flowe, et. 9. H.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Th		HUSBAND OF Mary Srice.	The state of the s	
Section State or country Specify whether injury occur? Specify city or town, county and State Specify whether injury occur? Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury	te.	6. DATE OF BIRTH (month, dey, end year) 5'25. 1H" 18 H8	as Mar 22	
Section State or country Specify whether injury occur? Specify city or town, county and State Specify whether injury occur? Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury	fica	The state of the s		
Section State or country Specify whether injury occur? Specify city or town, county and State Specify whether injury occur? Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Specify whether injury	erti	07 1 2 1 16 ormin.	were as follows:	
The state of country) The state of country of the state of state of state of country of the state of st		8. Trade, profession, or particular kind of work done, as SPINNER,	A. A. 1/2-0.00	
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)		A Industry or business In which	Result Design	
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)		SAW MILL, BANK, etc	000000	
14. BIRTHPLACE (city or town)	on s	- Shallfill fill?	4.4	
14. BIRTHPLACE (city or town)	ions	0.9.0		
14. BIRTHPLACE (city or town)	nct		We all fell 13/16	
14. BIRTHPLACE (city or town)	nstr		Vi~ Jay / Lucy J Julies 37-18	
What test confirmed diagnosis? Was there en au opsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER Office of the country of the		14. BIRTHPLACE (city or town) Car ofice Co.	Name of operation MM Data of	
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place C'Eder alarra, and Date May 2", 1932 19. UNDERTAKER (Address) 20. FILED May 2", 1932 21. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED May 2", 1932 (Address) Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (If so, specify (Signed) (Signed) (Address) M. D. (Address) M. D. (Address) M. D. (Address) Accident, suicide, or homicide? Accident, suicide, or homicide? Maccident, suicide, or homicide? Maccident, suicide, or homicide? Meter did injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury (Address) Manner of injury (Address) Manner of injur	Š	(State or country) whorehous.	y de la constant de l	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) See roll for a finite of injury Place Sea roll for a finite of injury 19. UNDERTAKER (Address) See de roll for a finite of injury 19. UNDERTAKER (Address) See de roll for a finite of injury 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) See of injury Nature of injury (Address) See or Injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whether injury occurr? (Specify city or town, county and State) Specify whether injury occurr? (Address) Specify whether injury occurr? (Specify city or town, county and State) Specify whether injury occurr? (Specify city or town, county and State) Specify whether injury occurr? (Specify city or town, county and State) Specify whether injury occurr? (Specify city or town, county and State) Specify whether injury occurr? (Specify city or town, county and State) Specify whether injury occurr? (Address) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurr? (Specify city or town, county and State) Specify whether injury occurr? (Address) Specify city or town, county and State) Specify whether injury occurr? (Address) Specify city or town, county and State) Specify whether injury occurr? (Address) Specify city or town, county and State) Specify whether injury occurr? (Address) Specify city or town, county and State) (Address) Specify city or town	ınt.	15. MAIDEN NAME Celia Sovers.		
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place of Ederal Structure and Date Man. 2", 1932 19. UNDERTAKER (Address)	orta	5 16. BIRTHPLACE (city or town) Caroline Co.	Accident, suicide, or homicide? Date of injury, 19	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place C'Larral Date May 2" 1932 19. UNDERTAKER (Address) 20. FILED May 2", 1932 (Address) Registrar. Manner of injury Nature of injury (Signed) (Address)	mp	(State or country) waryland.		
Place D's de la Calabrara and Date May 2", 1932 19. UNDERTAKER (Address) 20. FILED May 2", 1932 Registrar. Manner of injury Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? (Signed) (Address) (Address) (Address) (Address) (Address)	ry		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Place Dedicals Trusquid Date May . 3" . , 1932 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED May . 2" , 1932 19. UNDERTAKER (Signed) 19. UNDERTAKER (Address) 20. FILED May . 2" , 1932 10. FILED May . 2" , 1932 10. FILED May . 2" , 1932 10. FILED May . 2" , 1932 11. Undertaken (Signed) 12. FILED May . 2" , 1932 13. UNDERTAKER (Signed) 14. Was disease or Injury in any way related to occupation of deceased? (Signed) 15. UNDERTAKER (Signed) 16. UNDERTAKER (Signed) 17. UNDERTAKER (Address) 18. UNDERTAKER (Address) 19. UNDERTAKER (A	. D	G COST COST DIAM OF WOOD I 11:0, 10	Manner of injury	
20. FILED May 2", 1932 Arguitter (Signed) (Signed) (Address) Factorial M.D.		Place d'eder als trure une Date May 2", 1932		
20. FILED May 2", 1932 Arguitter (Signed) (Signed) (Address) Factorial M.D.		19. UNDERTAKER Stitzandon & Son.	24. Was disease or Injury in any way related to occupation of deceased?	
Registrar. (Ardress) Tackersels leng, myst,		(Address) Siederalslang Mid		
	Ti			
	-			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURKAU V.	3		
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

STATE	OF	MARYL	AND-	-CERT	IFICATE	OF	DEATH	i
FATEL								

STATE OF MARYLAND—	CERTIFICATE OF DEATH 63906
1. PLACE OF DEATH	108
County Carioline	Registration Dist. No. lo
Village or City Mean Owner i com Corner	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dun Electa War	Den.
(a) Residence: No. Devitor, And. R.Z. T.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Lessie P. Warren	22. I HEREBY CERTIFY, That I attended deceased from April 11 1932 to April 11 1932
6. DATE OF BIRTH (month, day and year) Det. 5" 1859	I last saw h. a alive on affail 11 1932 : death is said
	to have occurred on the date stated above, at 11-H-m.
72 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc	Lotar Meuumia - april 549
1. PLACE OF DEATH County Carrier County Village or City Mean Convert Count Counter. No. (If death occurred Length of residence In city or town where death occurred yes mos ds. 2. FULL NAME County Counter County Counter Co	/
SAW MILL, BANK, etc	
this occupation (month and spant in this	
0 - 2 - 0	Other Contributory Causes of importance:
E SOUTH STATE STATE OF THE STAT	
(State or country)	Nama of operation
M + U.S. L. M	What test confirmed diegnosis? Was there an au opsy?
	23. If death was due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
	Manage of July
	Neture of Injury
19. UNDERTAKER J. Dramplous & Sou	24. Was disease or Injury In any way related to occupation of deceased?
20 FILED AGN. 1H", 1932 AGS-rolupton	(Signed) (Sy aul Turotto M. D. (Address) Neuton M. A.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II / E		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis U A II V A	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

See instructions on back of certificate.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

AGE should be

of OCCUPA.

Exact statement

	STATE OF	MARYLAND-	CERTIFICATE OF DEATH 03907	
1	. PLACE OF DEATH		23	
	county Caroline		Registration Dist, No. 19	
	Village or City R.D. Feder	alabora a mad	Al-	
	village of City (C.) - Cox (C.	- Wall of 1770	death occurred in a hospital or institution, give its NAME instead of street and number)	ard
	Langth of residence in city or town where daath		ds. How long In U. S. if of foraign birth?yrsmos	ds.
	FULL NAME MINANA	7 11,000	wo la bul	
	(a) Residence: No. Houston	Bo and Co.		
	(a) Residence: No. 1/6 - War of 1	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
piconic:	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Marcel .
3,		SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
1		OR DIVORCED (write the word)	Clarvel 2/ 193 2)
5a.	If married, widowed, or divorced	2000	(Month) (Day) (Yaar)	
	HUSBAND of Richard W	lilloughby	22. HEREBY CERTIFY, That I attended deceased fr	om
******	, occider at	0 0	aceg / 1930, 10 apr 27, 193.	2
6. 1	DATE OF BIRTH (month, day, and year)	n 18 1896	Hast saw h. A faliva on Afr 25, 1933; daath is s	aid
7.	AGE Years Months	Days If LESS than	to have occurred on the date stalad above, at 4 cm.	
	36 3	9 I day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca were as follows:	
7	8. Trade, profassion, or particular	1	Data of one	set
101	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	us wife	Folmonary 1 R	
OCCUPATION	9. Industry or business in which work was dona, as SfLK MILL, SAW MILL, BANK, etc.	/	1,1	
000	10. Date deceased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation		
	Valous		Other Coutributory Causes of importanca:	e 3
12.	(State or country)			
2	H 1 ~ ~ 0			
HE	13. NAME Frank In	omas		
FATHER	14. BIRTHPLACE (city or town) QUO	war	Name of operation Date of	
-	(State or country)	1	What test confirmed diagnosis? Was there an autopsy?	
MOTHER	15. MAIDEN NAME	Jones	23. If death was due to axternal causas (VIOLENCE) fill in also the following:	
01	16. BIRTHPLACE (city or town)	and l	Accident, suicide, or homicide? Date of injury, 19	
Σ	(Stata or country)	<u></u>	Where did injury occur?	
17.	INFORMANT Richard We	lloughly	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL ()	ing sigl.	Married 1	
		Date april 29,1932	Manner of injury	
	0-11.000	. / - '^	Nature of injury.	
19.	UNDERTAKER	A Bru	24. Was disease or injury in any way rainted to occupation of deceased?	
	(Address) R. N. Year &	soury ma	If so, spacify	
20.	FILED/ O. 27", 1932	translow	(Signad) My M	. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.— Examples:

	Example I	-	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	13.2	July 5,1927	Peritonitis	3 days ago
	BURLAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year